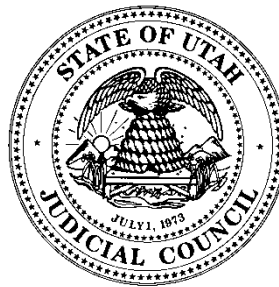




Utah State Courts

Judicial Review of Orders of Restriction



February 22, 2008

Judicial Review of Orders of Restriction

(1) Judicial Review of Orders of Restriction.....	4
(a) In general.....	4
(b) Department of Health Orders of Restriction.....	4
(i) Authority for the OR.....	4
(ii) Basis for the OR.....	5
(iii) Limits on the written OR.....	5
(iv) Special conditions for a verbal OR.....	5
(v) Involuntary submission.....	5
(vi) Consent to Order of Restriction.....	5
(vii) Stipulation to order of restriction.....	7
(viii) Medical records.....	7
(c) Judicial Review of Orders of Restriction.....	7
(i) Petition.....	7
(ii) Venue.....	8
(iii) Notice of the petition.....	9
(iv) Appointed Counsel.....	10
(v) Hearings.....	10
(d) Transportation.....	15
(e) Costs.....	15
(f) A group of individuals as respondents.....	15
(i) Notice of the OR.....	15
(ii) Notice of the petition for judicial review.....	15
(iii) Procedures.....	15
(2) Court Operations During a Public Health Emergency.....	16
(a) From HHS Website: Practical Steps for Legal Preparedness.....	16
(i) Step 1: Know your legislation.....	16
(ii) Step 2: Plan “due process”.....	17
(iii) Step 3: Draft key documents in advance.....	17
(iv) Step 4: Contact other jurisdictions.....	17
(v) Step 5: Engage the courts in advance.....	17
(vi) Step 6: Anticipate practical problems.....	18
(vii) Step 7: Communication.....	18

(b) From the HHS Website: Checklist of Legal Considerations for Pandemic Influenza 18

(i) Planning Considerations.....	18
(ii) Partnerships/Outreach	19
(iii) Due Process Considerations.....	20
(iv) Legal Resources and Statutes	21
(v) Legal Liability and Immunity	22
(3) Statutes.....	22
(4) Rules.....	23
(a) Department of Health Rules	23
(b) Labor Commission Rule 12-2-22(K) – (M).....	23
(5) Local Health Departments.....	24
(a) Bear River Health Department.....	24
(b) Central Utah Public Health Department.....	24
(c) Davis County Health Department	25
(d) Salt Lake Valley Health Department.....	25
(e) Southeastern Utah District Health Department.....	25
(f) Southwest Utah Public Health Department.....	25
(g) Summit County Public Health Department	25
(h) Tooele County Health Department	25
(i) TriCounty Health Department	25
(j) Utah County Health Department.....	26
(k) Wasatch County Health Department	26
(l) Weber-Morgan Health Department.....	26

(1) Judicial Review of Orders of Restriction

(a) In general

Orders of restriction (OR) and judicial review of them are governed by Title 26, Chapter 6b, Communicable Diseases – Treatment, Isolation, and Quarantine Procedures, which supersedes Title 63, Chapter 46b, Administrative Procedures Act. §26-6b-1(2). Some parts of Title 26, Chapter 6, Communicable Disease Control Act, may also apply.

An OR is an order issued by the Utah Department of Health, a local department of health, (referred to collectively in this benchbook as DOH) or the district court directing an individual or group to submit to examination, treatment, isolation or quarantine for:

(1) infection or suspected infection with a communicable disease;

(2) contamination or suspected contamination with an infectious, chemical or biological agent; or

(3) a condition or suspected condition that poses a threat to public health.

§26-6b-2(3) & (5).

The petitioner will be either the Utah Department of Health represented by the Attorney General or a local department of health represented by the county attorney. §26-6b-5(1). A local department of health may cover more than one county. The DOH will petition the court to enter an OR or to review and approve an OR already entered by the DOH. In the latter case, the petition has to be filed within five days after the OR. The petition may involve a single respondent or several. The district court has exclusive jurisdiction to enter or review an OR even if the respondent is a minor. §26-6b-3.2(1); §26-6b-5(1).

The respondent will be the individual or group subject to the OR and may be represented by retained or appointed counsel. The respondent may already be in custody or the petitioner may request that the respondent be taken into custody. If the respondent consents to the OR, the case will never be filed. If the respondent is not in custody or if the respondent is in custody and decides not to consent to the OR, the DOH files the petition to enter or review the OR, §26-6b-3.1(1); §26-6b-3.2(1); §26-6b-4(2).

Overarching all that follows is the statutory authority of the district court to establish the manner in which to review an OR “based on precautions necessary to prevent additional exposure to communicable or possibly communicable diseases or to protect the public health....” §26-6b-3.3(2)(c).

(b) Department of Health Orders of Restriction

(i) Authority for the OR

The DOH may enter an OR subject to judicial review. §26-6b-3(1). The OR may be written or, under certain conditions, verbal. §26-6b-3(1).

(ii) Basis for the OR

The OR must be based on “the totality of the circumstances reported to and known by” the DOH. §26-6b-3(2). Totality of the circumstance includes observation, credible information, and “knowledge of current public health risks based on medically accepted guidelines as may be established by the Department of Health by administrative rule.” §26-6b-3(2).

Note: Applying discretionary judgment about the risk of public contagion is a necessary feature of most public health issues. However, it appears from the statute that the “medically accepted guidelines” on which that judgment is based must be established by Utah Department of Health rules. The relevant rules are R386-702-1 through R386-702-12.

(iii) Limits on the written OR

The OR must (1) be for the shortest reasonable time to protect the public health, (2) use the least intrusive method of restriction, and (3) contain notice of the individual’s rights. The first two of these conditions are met if they are satisfied “in the opinion of the public health official” who issues the order. §26-6b-3(2).

Note: It is, of course, this OR that the court will review. The form for a written order will have notice of rights as part of the boilerplate. The least intrusive method of restriction (examination, treatment, isolation or quarantine) will be determined by whether the individual is actually infected or contaminated or is well but has been exposed. The court may also review the duration, location and conditions of the restriction. The DOH is required to take proper care of a person who is detained. §26-6b-3(4).

(iv) Special conditions for a verbal OR

The DOH can issue a verbal OR “if the delay in imposing a written order of restriction would significantly jeopardize the department’s ability to prevent or limit” transmission of the disease or of the infectious, chemical or biological agent. §26-6b-3(2).

(v) Involuntary submission

A verbal OR, requiring an individual to submit to involuntary examination, treatment, isolation or quarantine, is operative while a written OR is being prepared or reviewed, but for no longer than 24 hours. §26-6b-3(2); §26-6b-3(3). Law enforcement officers may enforce a written or verbal OR. §26-6b-3(2); §26-6b-3.2(2); §26-6b-4(8).

(vi) Consent to Order of Restriction

Informed consent. A person can consent to an OR, in which case the matter will never reach the court. Consent can easily be withdrawn, in which case the judge will review the merits of the case. Therefore, a judge should never be called upon to review the consent, but the following is a brief description. The consent must be in writing. §26-6b-3.1(1). The content of the consent to the OR, the notice of the OR, and of the OR itself are governed, more or less respectively, by §26-6b-3.1, §26-6b-3.2 and §26-6b-3.3. The following information must appear somewhere among the three documents:

- 1) The terms and duration of the OR. §26-6b-3.1(1); §26-6b-3.3(1).
- 2) The supporting documents. §26-6b-3.2(1). (The public health official's affidavit and the physician's statement accompanying the petition under §26-6b-5(2).)
- 3) The importance of complying with the OR. §26-6b-3.1(1).
- 4) The right to agree to the OR and waive judicial review. §26-6b-3.1(1).
- 5) The right to or refuse to consent to the OR and have judicial review. §26-6b-3.1(1); §26-6b-3.3(1).
- 6) The right to withdraw consent to the OR and have judicial review by giving five days written notice. §26-6b-3.1(1).
- 7) Notice that breach of a consent agreement may subject the individual to an involuntary OR. §26-6b-3.1(1).
- 8) The identity of the person subject to the OR. §26-6b-3.3(1).
- 9) The identity or location of any premises subject to the OR. §26-6b-3.3(1).
- 10) The date and time on which the OR begins and the expected duration of the OR. §26-6b-3.1(1); §26-6b-3.3(1).
- 11) The suspected communicable disease, chemical or biological agent, or other condition that poses a threat to public health. §26-6b-3.3(1).
- 12) The requirements for termination of the OR, such as necessary laboratory reports, the expiration of an incubation period, or the completion of treatment for the communicable disease. §26-6b-3.3(1).
- 13) Any conditions on the restriction, such as limitation of visitors or requirements for medical monitoring. §26-6b-3.3(1).
- 14) The medical or scientific information upon which the OR is based. §26-6b-3.3(1).
- 15) The right to a judicial review. §26-6b-3.1; §26-6b-3.3(2).
- 16) The right to be represented by counsel. §26-6b-3.3(2).
- 17) The right to notice of the date, time, and location of any hearing. §26-6b-3.3(2).
- 18) The right to participate in any hearing in a manner established by the court. §26-6b-3.3(2).
- 19) The right to respond and present evidence and arguments. §26-6b-3.3(2).
- 20) The right to cross examine witnesses. §26-6b-3.3(2).
- 21) The right to review and copy all records in the possession of the DOH that relate to the OR. §26-6b-3.3(2).
- 22) The right not to be terminated from employment if the reason for termination is based solely on the fact that the person is or was subject to an OR. §26-6b-3.3(4). (The statute provides for no civil or criminal penalties if an employer violates the statute, so the employee probably would have to file a civil action for damages.)

Note: The respondent also has the right to designate who is to receive notice of any court hearings, §26-6b-4(2), but this is not listed among the rights of which the respondent must receive notice.

Periodic review. If a person consents to an OR, the DOH must reexamine the person's case at least every six months. If the conditions justifying the OR cease to exist, the DOH must immediately release the person. If the conditions continue to exist, the DOH must notify the person of:

- 1) the department's findings;
- 2) the expected duration of the OR;
- 3) the reason for the decision; and
- 4) the person's right to request judicial review.

§26-6b-3.1(2).

(vii) Stipulation to order of restriction

Not only may the respondent *consent* to the OR, the respondent may also *stipulate* to the OR. §26-6b-6(1). The difference is significant. The respondent's consent typically would occur before the petition for review is filed, and the court would never see the case. After the petition is filed, the parties can stipulate to the entry of the OR, just as parties may stipulate to the entry of a judgment in a civil case. If the parties stipulate to the OR, the court would enter the order without a hearing on the merits. The respondent may withdraw consent at any time, §26-6b-3.1, but, once entered, a stipulated order is subject to the conditions of URCP 60.

(viii) Medical records

Health care providers and facilities and governmental entities are to provide the respondent with relevant medical records. There is no charge for records from governmental health care facilities and governmental entities. The charge for records from private health care providers and facilities is limited by the presumed reasonable charges established for workers' compensation by administrative rule of the Labor Commission. §26-6b-3.4. [R12-2-22\(K\)](#).

Any medical records held by the district court are to be sealed at the conclusion of the case. §26-6b-3.4.

Note: Typically, medical records held by the court are classified as "private" rather than "sealed." CJA 4-202.02(4). When classified as private, the record is available to the court and to the parties but not to the public. A sealed record is physically sealed and requires a court order to open. For ease of processing the file, the court should treat the records as private during the pendency of a case and seal the records at the end.

(c) Judicial Review of Orders of Restriction

(i) Petition

The DOH must petition for judicial review within five days after issuing the OR or within five days after receiving notice of withdrawal of consent. §26-6b-3.1(2).

Note: The DOH is to proceed by petition for judicial review if the DOH decides not to seek consent, the respondent withdraws consent or the respondent decides against consent. §26-6b-4(1). In the last of these circumstances, the clock is running while the DOH attempts to obtain the respondent's consent.

The petition itself can be a simple pleading asking the court to review the OR. Under §26-6b-5(2), the petition must be accompanied by:

- 1) an affidavit of the "department" (presumably an official within the DOH with first-hand knowledge of the facts being alleged) stating:
 - (a) a belief that the respondent is subject to restriction;
 - (b) a belief that the respondent is likely to fail to submit to examination, treatment, quarantine, or isolation if not immediately restrained;
 - (c) that this failure would pose a threat to the public health; and
 - (d) the personal knowledge of the respondent's condition or the circumstances that lead to that belief; and
- 2) a statement (not necessarily sworn) by a licensed physician indicating the physician finds the respondent is subject to restriction.

The petitioner might also file a motion to seal the records, close the hearings and to obtain records from other sources. The motion might also request that the court order restrictions on further dissemination of medical records obtained by the parties.

Note: Section §26-6b-3.4 requires the court to seal the records at the conclusion of the case. Under CJA 4-202.02(4) medical records are "private" until then. Even without a motion to seal, the court should manage the records according to the statute and rule. The hearings are closed under §26-6b-4(5).

Rather than a motion to obtain records, the petitioner might issue a subpoena. However, given the sensitivity of medical records, the custodian of the records might respond only to a court order.

(ii) Venue

Venue is in the county in which the respondent resides or is located. §26-6b-5(1). This special venue provision controls over §78B-3-307. If the petition is filed in the respondent's county of residence, venue is proper under either statute. Section 78B-3-307 probably does not create venue in the county in which the respondent happens to be found. This benchbook does not analyze whether venue would be proper, under §78B-3-307, in the county in which the cause of action arises.

Determining the respondent's residence will fall within reasonably well-established principles. Determining where the respondent is located is a simple question of fact.

The court "may transfer the proceedings to any other district court ... where venue is proper, provided that the transfer [is] not ... adverse to the legal interests of the [respondent]." §26-6b-4(4). If the respondent is taken into custody and is being held in a county other than the county of residence, the court should give some deference to the

respondent's preference for venue to keep the case close to the respondent's personal support.

(iii) Notice of the petition

If the respondent is in custody, the petitioner must "provide" written notice of the petition to the respondent "as soon as practicable," and must "send" the notice to the legal guardian, legal counsel, and any other persons and immediate adult family members whom the respondent or the district court designates.

Although it uses words that are less precise than URCP 4, §26-6b-4(2) appears to correspond to the service of process required by URCP 4. The statute requires the DOH to "provide ... written notice" of the petition to the respondent and to advise "that a hearing may be held within the time provided by [Title 26, Chapter 6b]." §26-6b-4(2). Rule 4 adds more detail to these requirements.

The petitioner must serve the petition and summons as required by URCP 4, as well as the notice of hearings required by §26-6b-4(2).

If the conditions described in Rule 4(d)(1)(B), (C), or (D) are satisfied – that is, the respondent is under age 14, has been judicially declared to be of unsound mind or incapable of conducting his or her affairs, or is incarcerated in a governmental facility – the petitioner must satisfy the special requirements of those subsections, which require personal service of the petition and summons on people other than the respondent.

If, as a result of the OR, the respondent is in custody at a governmental health care facility, petitioner can serve the respondent's health care custodian under URCP 4(d)(1)(D). If, as a result of the OR, the respondent is in custody at a private health care facility, the health care facility might temporarily be considered the respondent's usual place of abode and the staff are of suitable age and discretion; but the staff do not reside at the facility, so that part of Rule 4(d)(1)(A) is not satisfied. However, §26-6b-2(c) authorizes the judge to direct the manner of service if normal service is not practical. Service on the private health care staff would appear to be reasonable under these circumstances. To avoid unnecessary complications over service, the court should recognize, and if necessary authorize, service on the respondent's private health care custodian as sufficient for service on the respondent.

In either event, the petitioner could serve the petition and summons on the respondent personally, using suitable protection against contagion, on a person of suitable age and discretion at the person's dwelling house, URCP 4(d)(1)(A), or by mail with a signed return receipt. URCP 4(d)(2).

URCP 4 permits service up to 120 days after the petition is filed. However, the statutory requirement to serve "as soon as practicable" should control.

The DOH also must send the written notice to the respondent's guardian and counsel, and to any other persons and immediate adult family members designated by the respondent or the district court. §26-6b-4(2).

For service on people listed in §26-6b-4(2) but not in URCP 4(d)(1), the statute, not the rule, governs. The statute does not describe what form the notice must take, but, presumably, it might be something other than the petition and summons. At a minimum

it must notify the recipient of the petition and the hearings. The statute also does not define “send,” but, again presumably, sending might be accomplished by first class mail.

For the purpose of determining who should receive notice of the petition under the statute, the person, even if an immediate adult family member, has to be designated by the respondent or the court. The phrase “immediate adult family members” is not defined, but, because the respondent can designate “any other persons” to receive notice, the lack of a definition probably does not matter. The court also may designate who other than the respondent should be notified, and may be called upon to do so if the respondent does not provide information necessary for service. §26-6b-4(2). The court may establish reasonable limits on the number of people the respondent may designate. §26-6b-4(2)(c); §26-6b-3.3(2)(c).

(iv) Appointed Counsel

The court appoints counsel for a respondent who is indigent, and the county in which the respondent resides or is found pays the reasonable attorney fees. §26-6b-4(3). The standards for determining indigence in criminal cases are available on the web at: <http://www.utcourts.gov/resources/>.

Some counties contract with a lawyer or law firm to represent respondents. The number of lawyers included in these contracts may not be sufficient if the court is reviewing orders in the midst of a larger public health emergency.

The statute directs the county to pay for reasonable attorney fees “as determined by the district court.” §26-6b-4(3). If the court appoints someone other than the lawyer with whom the county contracts, the district court will have to determine reasonable attorney fees. URCP 73 describes the process for claiming attorney fees. There is no provision for recoupment of attorney fees. If the respondent is not a resident of the county in which the judicial review takes place, the judge will have to decide which county is responsible for the attorney fees.

Whether appointed or retained, counsel must be given time to consult with the respondent before any hearing. §26-6b-4(3).

If the respondent is in custody, the court cannot conduct the hearing for the examination order (described in Section 0 below) ex parte, §26-6b-5(4), and the respondent has the right to have counsel present. §26-6b-4(3). Therefore, the court needs a process by which to appoint counsel or ensure retained counsel immediately after the petition is filed.

(v) Hearings

There are three types of hearings: a hearing for an examination order, a hearing on the merits of the petition, and review hearings. Several principles apply to all three.

Notice of hearings. Notice of the hearings must be served on the respondent, respondent’s guardian, respondent’s counsel and any other persons and immediate adult family members designated by the respondent or the court. §26-6b-4(2).

Confidentiality. The court may close the hearings. §26-6b-4(5).

Participation in the hearings. The respondent must be present, unless the respondent shows good cause for waiving his or her attendance. The court must include the facts and finding of good cause on the record. §26-6b-4(3). If the respondent's condition and physical presence pose a health threat, the court may order that the respondent participate by telephone or other electronic means. §26-6b-3.3; §26-6b-4(3).

In addition to the petitioner and respondent, all other persons to whom notice is required to be given have the right to appear at the hearings. §26-6b-4(5). The district court may receive the testimony of any person. §26-6b-4(3).

Evidence at the hearings. The hearings are to be conducted in "as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the health of the [respondent] or others...." §26-6b-4(6). Since the Rules of Evidence apply, §26-6b-4(7), the statutory admonition for informality appears to be directed at the manner in which the hearing is conducted rather than the evidence on which the facts are determined. The Rules of Civil Procedure have no provision for how to conduct a fact-finding hearing. The court has general authority to provide for the orderly conduct of proceedings. §78A-2-201.

Orders. The specifics of an order are governed by the purpose of the particular hearing. As a result of any of the hearings, the court may order that the respondent be moved to a more appropriate health care facility including one "outside of its jurisdiction...." §26-6b-4(4).

Note: Since the jurisdiction of the court is statewide, the phrase "outside of its jurisdiction" probably means an out-of-state facility.

Hearing for an OR

Hearing required. The petitioner first requests an OR. §26-6b-5(3). If the respondent is not in custody, the hearing is held ex parte. §26-6b-5(4). There is no statutory deadline for the hearing, but, given the other deadlines, the hearing should happen quickly. Given the short turn-around time, the court may have to direct the petitioner to give the best notice possible. §26.6b-4(2).

Note: The court's OR is required even though the DOH has the authority to order involuntary examination if the respondent refuses to take the action directed by the DOH. §26-6-4(2). The court's order appears to be a preliminary judicial restraint on the executive authority to detain a person for medical reasons, similar to an arraignment. However, as discussed below, the court plays a very narrow role.

Evidence. The petitioner will present evidence in the form of testimony or the physician's statement and DOH affidavit described in Section (1)(c)(i) above. The testimony or affidavits will describe the nature of the disease – whether it is known or emerging, its incubation period and communicability period, the threat to infected people, and the like – and describe the defendant – non-consent, exposure, symptoms, contacts in the community, and the like.

Order. The court issues the OR if:

- 1) there is a reasonable basis to believe that the respondent's condition requires involuntary examination, quarantine, treatment, or isolation pending the hearing; or
- 2) the respondent has refused to submit to examination as directed by the DOH or to voluntarily submit to examination, treatment, quarantine, or isolation.

§26-6b-5(3).

Note: Under the first standard, the court evaluates whether there is a reasonable basis to believe that the respondent's condition requires involuntary examination, treatment, isolation or quarantine pending the hearing on the merits. Under this standard, the court evaluates the objective reasonableness of the public health official's beliefs as stated in testimony or in the affidavit accompanying the petition.

However, the court will never reach this evaluation because under the second standard, the only issue is whether the respondent has refused examination, treatment, isolation or quarantine. Under this standard the court determines only whether the respondent has decided not to consent to the OR. That finding will always be in the affirmative since the petition for judicial review is never filed if the respondent does consent. Thus, this preliminary judicial restraint on the executive branch is really very narrow.

Content of the order. The OR requires the respondent to submit to involuntary examination, treatment, isolation or quarantine to protect the public health. The order serves the purpose of an arrest warrant if the respondent is not in custody or a holding order if the respondent is in custody.

Hearing on the merits of the OR

Deadline for hearing. The hearing on the merits must be held within 10 business days after the OR. §26-6b-6(1). At least 24 hours before the hearing, the petitioner must file a written opinion of a qualified health care provider regarding whether the individual or group of individuals are infected by or contaminated with:

- 1) a communicable or possibly communicable disease that poses a threat to public health;
- 2) an infectious agent or possibly infectious agent that poses a threat to public health;
- 3) a chemical or biological agent that poses a threat to public health; or
- 4) a condition that poses a threat to public health.

§26-6b-5(5).

Note: The statute says nothing about serving the respondent with this filing, but URCP 5(a) requires that everything filed with the court be served on the parties. Therefore, this filing must be served on the respondent or the respondent's lawyer. Whether the other people designated under §26-6b-4(2) need to be served is unclear. They are not parties, so URCP 5 probably does not apply. Section 26-6b-4(2) provides only that notice of the petition and hearing need to be served. However, the people with notice have the right to participate in the

hearing and probably cannot do so effectively without this information. The court has the authority under URCP 5 to order that they be served, even if the rule and statute do not require it directly.

Canceling or postponing the hearing. If the tests prove that the respondent is not subject to restriction, the court may dismiss the petition without holding the hearing. §26-6b-6(3).

If the respondent stipulates to the OR, then the court may issue its order without holding the hearing. §26-6b-6(2).

The court may postpone the hearing on the merits and extend the examination order for a reasonable period up to 90 days if, after a hearing, the court has reason to believe that the respondent:

- 1) is contaminated with a chemical or biological agent that is a threat to public health;
or
- 2) is in a condition, the exposure to which poses a threat to public health,

but despite the exercise of reasonable diligence the diagnostic studies have not been completed. §26-6b-6(3).

Note: The focus for the purpose of extending the examination order will be on whether the DOH exercised “reasonable diligence” in trying to finish the tests. Since the court has already entered an initial examination order, the petitioner has already met the standard of “reason to believe” that the respondent’s condition poses a threat to public health. Whether the respondent continues to pose a threat to public health may be an issue.

“Discovery.” At the hearing, the petitioner is to provide to the court and to the respondent the OR, admission notes if the respondent was hospitalized, and medical records pertaining to the OR. The respondent can request the records be delivered before the hearing. §26-6b-6(4) and (5).

Findings and order. The court orders the respondent to submit to the OR if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that:

- 1) the respondent is infected with a communicable disease, is contaminated with a chemical or biological agent, is in a condition the exposure to which poses a threat to public health, or is in a condition which if treatment is not completed the respondent will pose a threat to public health;
- 2) there is no appropriate and less restrictive alternative to the OR;
- 3) the petitioner can provide the respondent with adequate and appropriate treatment;
and
- 4) it is in the public interest to order the respondent to submit to the OR.

If the court does not find all of these conditions, the court must immediately dismiss the petition.

Note: In developing the findings, especially around items (2) and (3) the court should consider that under §26-6b-4(4) it can order the respondent moved to a more appropriate health care facility. Indeed, the respondent's position may be not to challenge the findings of the threat to the public health, but to argue for a more suitable treatment alternative.

The court's order must designate its duration, which may be for no longer than six months, §26-6b-6(7) and (8), and for no longer than is needed to protect the public health. §26-6b-3(2).

Review hearings

At least two weeks before the court's order expires, the petitioner must inform the court and immediately reexamine the reasons upon which the court's order was based. If the petitioner determines that the conditions justifying the order no longer exist, it must discharge the respondent and report its action to the court, which must terminate the order. Otherwise, the court schedules a hearing before expiration of its order and proceeds under Sections 26-6b-4 through 26-6b-6.

Note: The court should not rely on the DOH to monitor the respondents. The court should track the expiration of its order and initiate review proceedings earlier than required to allow more time for consideration and as a check on the DOH recordkeeping. If the DOH gives the court only 14 days notice that the OR is about to expire, the court may not have time to schedule the hearing before it does expire.

Order. After the review hearing, the court may enter an OR for an indeterminate time if the court finds by clear and convincing evidence that:

- 1) the respondent is infected with a communicable disease, is contaminated with a chemical or biological agent, is in a condition the exposure to which poses a threat to public health, or is in a condition which if treatment is not completed the respondent will pose a threat to public health;
- 2) there is no appropriate and less restrictive alternative to the OR;
- 3) the petitioner can provide the respondent with adequate and appropriate treatment;
- 4) it is in the public interest to order the respondent to submit to the OR; and
- 5) that these conditions will continue for an indeterminate time.

Otherwise, the maximum duration of the order is six months. §26-6b-6(8).

At six-month intervals the petitioner must reexamine the reasons upon which an indeterminate OR was based. If the petitioner finds that the conditions justifying the OR no longer exist, the petitioner must discharge the respondent and immediately report its action to the court, which must terminate the order. §26-6b-7(1).

If the petitioner finds that the conditions justifying the OR continue to exist, the petitioner must file its report with the court and notify the respondent and counsel in writing that the OR will be continued, the reasons for that decision, and that the individual has the right to request a judicial review hearing. Upon receiving a request for

review, the court immediately sets a hearing date and proceeds under Sections 26-6b-4 through 26-6b-6. §26-6b-7(2).

(d) Transportation

The sheriff of the county where the individual is located transports the respondent to court and to the place for examination, quarantine, isolation, or treatment. §26-6b-9.

(e) Costs

The respondent and the respondent's insurance pay for the costs for examination, quarantine, isolation, and treatment. If the respondent and the insurance do not pay, the DOH pays. §26-6b-9.

(f) A group of individuals as respondents

Title 26, Chapter 6b anticipates that the OR may cover a group of people, and the court needs to be prepared to manage a case in which several people are respondents. If an OR covers a group, and some individuals consent to the OR while others do not, only the cases of those who do not consent will be presented for judicial review. §26-6b-4(1).

(i) Notice of the OR

Notice for a group may differ from that for an individual, at least initially. The DOH may modify the method of providing notice to the group or modify the information contained in the notice if the public health official determines the modification of the notice is necessary to:

- 1) protect the privacy of medical information of individuals in the group; or
- 2) provide notice to the group in a manner that will efficiently and effectively notify the individuals in the group within the time period necessary to protect the public health.

§26-6b-3.3(3)

The statute does not say what form group notice should take. If DOH modifies the notice required for an individual, the DOH must provide each individual in the group with conforming notice as soon as practical. §26-6b-3.3(3).

(ii) Notice of the petition for judicial review

If the court determines that written notice to each individual in the group is not practical, considering the threat to public health, the court may order the DOH to provide notice to the group in a manner determined by the court. §26-6b-4(2).

Note. §26-6b-4(2) is the section that correlates to URCP 4(d) on service of process. If the court invokes this subsection, the court can direct appropriate service under URCP 4(d)(4) on other types of service.

(iii) Procedures

Rules of Civil Procedure. When a group is subject to an OR, the court has at least three procedures from which to choose to manage the petition for judicial review.

- 1) Join all of the individuals as respondents under URCP 20.

- 2) Consolidate the cases under URCP 42.
- 3) Certify the case as a class action under URCP 23.

Note: If the OR covers a group under the same factual circumstances, the simplest approach is to treat the individuals in the group as co-respondents in a single petition under URCP 20. If there are multiple petitions to review multiple ORs, each one covering a person with a different factual circumstance, consolidating the petitions under URCP 42 may be more appropriate. Although the facts may be different, the issues of law will likely be similar or the same. A class action under URCP 23 may be appropriate under some circumstances, but the rule was not developed with this type of judicial review in mind, and it may present issues that make case management more difficult than under the other two options.

(2) Court Operations During a Public Health Emergency

Petitions to enter or review an OR are filed infrequently, but they do occur. It may be that the court is called upon the enter or review orders of restriction in the midst of a larger public health emergency, perhaps even one that affects lawyers, judges and court staff. The Utah state courts have an operations contingency plan for continued operations in a public health emergency. In addition, the district court may want to consider the following options, as well as suggestions for legal preparedness from the Department of Health and Human Services (Sections (2)(a) and (2)(b)).

Master Calendar. Most cases, especially in counties with several resident judges, are assigned by individual calendaring. That is, the case is assigned to a judge upon filing, or at some other relatively early stage, and the assigned judge manages the case until final judgment. There are aspects of these petitions for judicial review that lend themselves to master calendaring. That is, a judge or a rotation of judges manages whatever cases are calendared for that particular day.

- 1) The cases have special procedures.
- 2) The issues of law will be substantially the same in all cases.
- 3) There may be multiple cases involving the same petitioner and attorneys.
- 4) The hearings may be held in the midst of a larger public health emergency.

On-call Judge. The judge for an after-hours emergency examination order might be the same person designated for after-hours search and arrest warrants.

(a) From HHS Website: Practical Steps for Legal Preparedness

(i) Step 1: Know your legislation

State and local public health officers need to be familiar with the legal requirements in their jurisdictions regarding isolation of infectious persons and quarantine of exposed persons. Although most states have laws to compel isolation and/or quarantine, procedures may vary widely from jurisdiction to jurisdiction. Key persons, such as legal counsel, judges, and policymakers, should be identified and made part of your jurisdiction's planning for pandemic influenza.

HHS has statutory authority, which has been delegated to CDC, to quarantine or isolate individuals who have been exposed to or infected with pandemic influenza. President Bush added pandemic influenza to the list of quarantineable diseases by Executive Order 13375 on April 1, 2005.

(ii) Step 2: Plan “due process”

Procedural due process is implicated when the government seeks to deprive an individual of “liberty” interests within the meaning of the Due Process Clause of the Fifth or Fourteenth Amendment to the U.S. Constitution. Many states, through statute or regulation, have established specific administrative and judicial schemes for affording due process to a person subject to a quarantine and/or isolation order. Schemes in other jurisdictions may not directly address this issue.

Although due process is a flexible concept and calls for procedural protections as the particular situation demands, the basic elements of due process include: adequate notice (typically through written order) of the action the agency seeks to compel; right to be heard (typically through the right to present evidence and witnesses and to contest the government’s evidence and witnesses); access to legal counsel; and a final administrative decision that is subject to review in a court of law. These due process protections should not impede the immediate isolation or quarantine of an individual for valid public health reasons in an emergency situation.

(iii) Step 3: Draft key documents in advance

State and local public health officers should consider drafting key documents in advance of an emergency. These template documents can be critical time savers in an emergency. Documents that jurisdictions should consider preparing in advance include: draft quarantine and/or isolation orders; supporting declarations and/or affidavits by public health and/or medical personnel; and an explanation of the jurisdiction’s due process procedures for persons subject to an isolation/quarantine order. Examples of documents created by other jurisdictions are found at: <http://www.cdc.gov/phlp/index.htm>.

(iv) Step 4: Contact other jurisdictions

It is possible for federal, state, tribal, and local health authorities simultaneously to have separate but concurrent legal quarantine power in a particular situation (e.g., an arriving aircraft at a large city airport). Furthermore, public health officials at the federal, state, tribal, and local level may occasionally seek the assistance of their respective counterparts, e.g., law enforcement, to assist in the enforcement of a public health order. State and local public health officers should therefore be familiar with the roles and responsibilities of other jurisdictions: vertically (local, state, tribal, federal), horizontally (public health, law enforcement, emergency management, and health care), and in geographical clusters (overlapping state/local neighbors).

(v) Step 5: Engage the courts in advance

Some jurisdictions may rely on older public health statutes that have not been amended in over half a century, while other jurisdictions may have recently revised their legal authorities to respond to bioterrorism or other public health emergencies. Judges who may be called upon to review a public health order may not be familiar with the

state or local health authority's broad public health powers. During the 2003 SARS outbreak in Toronto, Canada, for example, many judges were unaware of the health officer's broad ex parte authority to compel isolation/quarantine under rarely used laws.

(vi) Step 6: Anticipate practical problems

State and local public health officers need to be prepared for the practical problems that may arise in affording adequate due process protections to persons subject to isolation and/or quarantine orders. Such problems may include how to arrange for the appearance and representation of persons in quarantine (e.g., video conference or other remote means); how to serve an isolation/quarantine order (likely through law enforcement) and other procedures to advise persons of their legal rights; and isolation arrangements for transient or homeless populations.

(vii) Step 7: Communication

Communication planning is vital not only for an effective public health response but also for an effective legal response to a public health emergency. Public health agency counsel should be aware of media training available to other public health officers. During the SARS and monkey pox outbreaks, CDC, through the Public Health Law Program (<http://www.cdc.gov/phlp/index.htm>), established telephone conferences for public health legal counsel to share experiences and engage in peer-to-peer consultations. Efforts are now underway to develop materials to assist state and local public health departments in conducting further outreach on emergency public health issues to the legal community through local bar associations.

(b) From the HHS Website: Checklist of Legal Considerations for Pandemic Influenza

The following checklist is a planning tool highlighting the relevant partners, resources, planning considerations, due process considerations, and issues of legal liability and immunity that may arise in the context of pandemic influenza. Next to each consideration are listed the legal partners (e.g., public health, hospitals, public safety, emergency management, judiciary) who may be called upon to address these considerations as part of the affected community's response. The challenge of the public health response is to protect the health of many, while safeguarding the rights of the individual. An integrated and coordinated response by attorneys at all levels in the community is essential to achieving this goal.

The checklist format is not intended to set forth mandatory requirements or establish a national standard for legal preparedness. Each state and local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures. Relevant federal law also should be reviewed and statutes harmonized, as feasible.

(i) Planning Considerations

1. Ensure that public health personnel have a basic understanding of the intersection among federal, state, local, and tribal laws regarding quarantine and isolation as they relate to international airports and interstate border crossings. [public health/public safety/emergency management]

2. Where applicable, draft or update legal orders, motions, and templates requiring medical evaluation of non-compliant persons who meet the pandemic influenza case definition and have symptoms of pandemic influenza. [public health/hospitals]
3. Ensure that legal counsel has reviewed the feasibility of requiring persons to self-monitor for medical conditions (e.g., temperature checks) and (where applicable) drafted legal orders or agreements. [public health]
4. Ensure that legal counsel has reviewed the feasibility of issuing “exclusion” orders (i.e., excluding contacts from using public transportation, attending public meetings) and, where applicable, drafted templates and legal orders. [public health/public safety/emergency management]
5. Ensure the existence of a statute, regulation, or other administrative mechanism authorizing isolation/quarantine for pandemic influenza. [public health/public safety/judiciary]
6. Draft legal orders, motions, and templates for isolation/quarantine in homes, hospitals, or other designated facilities. [public health/hospitals/emergency management/public safety]
7. Ensure that legal counsel has reviewed the feasibility of using electronic methods to monitor suspected non-compliant individuals in home isolation and/or quarantine. [public health/public safety]
8. Ensure that legal counsel has reviewed draft legal orders, motions, and templates to quarantine facilities and to credential ingress and egress into such facilities. [public health/public safety/emergency management]
9. Ensure that legal counsel has reviewed the feasibility of using faith-based organizations to assist or provide services to persons in isolation and quarantine. [public health]
10. Ensure that public health officials have reviewed the availability of workers’ compensation and/or other forms of financial support for persons unable to return to work because of an isolation/quarantine order. [public health]
11. Ensure that legal counsel has considered whether the health department should issue documents designed to assist with reintegration of persons subject to isolation/quarantine order (e.g., letter to employer or school explaining that patient is no longer infectious). [public health]
12. Ensure that legal counsel has reviewed agreements relating to overtime and/or flexibility of hours for staff. [public health/hospitals/public safety/emergency management]
13. Ensure that legal counsel has a clear understanding of legal authorities relevant to environmental remediation of buildings. [public health/hospitals/emergency management]

(ii) Partnerships/Outreach

1. Assemble a legal preparedness task force with representation from public health, public safety, hospitals, emergency management, judiciary, and other relevant

individuals and/or organizations at various levels of authority (federal, state, tribal, local, cross-border). [public health/public safety/hospitals/emergency management/judiciary]

2. Establish procedures for enforcement of isolation/quarantine orders. [public health/public safety]
3. Provide public safety personnel with educational materials relating to pandemic influenza and have a clear understanding for how to enforce an isolation/quarantine order. [public health/public safety]
4. Ensure that procedures or protocols exist between hospitals and public health to manage a possible or known pandemic influenza case-patient who attempts to leave the hospital against medical advice. [public health/hospitals/public safety]
5. Where applicable, draft memoranda of agreement (MOA) or understanding (MOU) to allow for the loaning of facilities or other services necessary to implement a quarantine and/or isolation order for persons who cannot be isolated at home (e.g., travelers, homeless populations). [public health/hospitals/emergency management]
6. Ensure that judges and attorneys in the area, through local bar organizations or other entities, have received educational materials, training, or information related to SARS and the potential use of isolation/quarantine to interrupt disease transmission. [public health/judiciary]
7. Ensure that legal counsel has reviewed and/or drafted data sharing/data use/confidentiality agreements related to sharing of confidential patient medical information between public health and other partners. [public health/hospitals/public safety/emergency management]

(iii)Due Process Considerations

1. Draft legal orders and templates using terms such as “quarantine,” “isolation,” and “detention” consistently. [public health/judiciary]
2. Ensure that legal counsel has reviewed all draft isolation/quarantine orders and forms, as well as applicable administrative hearing procedures, to ensure concurrence with basic elements of due process (e.g., adequate notice, opportunity to contest, administrative determination). [public health/judiciary]
3. Ensure that procedures or protocols exist to ensure that persons subject to an isolation/quarantine order have access to legal counsel, if desired (e.g., list of attorneys willing to provide services at little or no cost). [public health/judiciary]
4. Ensure that legal counsel has analyzed procedures needed to satisfy due process in different isolation/quarantine scenarios (e.g., “voluntary” home isolation, isolation in a guarded facility, exclusion from certain public activities). [public health/judiciary]
5. Where applicable, ensure that public health officials have worked with the local court system to develop a 24 hours a day, 7 days a week “on call” list of judges or hearing officers to review emergency requests for isolation/quarantine. [public health/judiciary]

6. Ensure that public health officials have worked with the local court system to develop a plan for hearing cases and/or appeals for persons subject to isolation/quarantine orders (e.g., participation via telephone, video conference). [public health/judiciary]

(iv) Legal Resources and Statutes

1. Ensure that legal counsel has reviewed and has a clear understanding of the legal resources and tools relevant to a community's public health response. [public health/judiciary/emergency management] Such resources and tools include:

Draft Model State Emergency Health Powers Act

www.publichealthlaw.net/MSEHPA/MSEHPA2.pdf

Emergency Management Assistance Compact (model agreement)

<http://www.emacweb.org/?13>

Memorandum of Understanding for Establishment of Local Public Health Mutual Aid and Assistance System

www.publichealthlaw.net/Resources/ResourcesPDFs/MOU.pdf

American Bar Association Draft Checklist for State and Local Government Attorneys to Prepare for Possible Disasters

<http://www.publichealthlaw.net/Resources/BTlaw.htm>

Legal Authorities for Isolation and Quarantine

<http://www.cdc.gov/ncidod/sars/legal.htm>

Quarantine and Isolation: Lessons Learned from SARS

<http://www.louisville.edu/medschool/ibhpl/images/pdf/SARS%20REPORT.pdf>

Checklists on Legal Preparedness for Bioterrorism and other Public Health Emergencies

<http://www.publichealthlaw.net/Resources/BTlaw.htm>

Legal Materials Related to Public Health Legal Preparedness

http://www2a.cdc.gov/phlp/sub_menu.asp

Additional materials and resources may be posted at <http://www.cdc.gov/phlp/index.htm>

2. Distribute draft letters or fact sheets to hospitals and other healthcare providers describing permissible uses and disclosures of health information for public health purposes under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) (www.hhs.gov/ocr/hipaa/).
3. Where applicable, ensure that legal counsel understands procedures for declaring a public health emergency (at various levels of government) and consequences of such a declaration.
4. Ensure that legal counsel is familiar with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA) and has determined if such requirements

have been incorporated into public health and hospital planning for pandemic influenza.

5. Ensure that legal counsel has reviewed hospital screening and admission procedures for potential pandemic influenza patients (e.g., establishment of evaluation clinics for persons with influenza-like symptoms) for compliance with EMTALA.
6. Ensure that legal counsel has reviewed potential EMTALA implications of a community-wide EMS protocol for transport of pandemic influenza patients (e.g., protocol requiring transport of pandemic influenza patients to a hospital or facility other than the hospital that owns the ambulance).

(v) Legal Liability and Immunity

1. Ensure that legal counsel has reviewed the potential legal liability of implementing “working” quarantine for essential service personnel. [public health/hospitals]
2. Ensure that legal counsel has reviewed the potential legal liability of housing pandemic influenza patients in home isolation with non-exposed residents subject to infection control precautions. [public health]
3. Ensure that legal counsel has reviewed liability/immunity for volunteers providing assistance or services to persons in isolation/quarantine. [public health/emergency management]
4. Ensure that legal counsel has reviewed hospital employment policies on emergency licensure and/or employment of retired or non-medical personnel or personnel from other medical departments or hospitals. [public health/hospitals]

(3) Statutes

[26-6-2.](#) Definitions.

[26-6-3.](#) Authority to investigate and control epidemic infections and communicable disease.

[26-6-4.](#) Involuntary examination, treatment, isolation, and quarantine.

[26-6-7.](#) Designation of communicable diseases by department -- Establishment of rules for detection, reporting, investigation, prevention, and control.

[26-6-27.](#) Information regarding communicable or reportable disease confidential -- Exceptions.

[26-6-28.](#) Protection from examination in legal proceedings -- Exceptions.

[26-6-29.](#) Violation -- Penalty.

[26-6-30.](#) Exclusions from confidentiality requirements.

[26-6b-1.](#) Applicability of chapter -- Administrative procedures.

[26-6b-2.](#) Definitions.

[26-6b-3.](#) Order of restriction.

[26-6b-3.1.](#) Consent to order of restriction -- Periodic review.

[26-6b-3.2.](#) Involuntary order of restriction -- Notice -- Effect of order during judicial review.

[26-6b-3.3.](#) Contents of notice of order of restriction -- Rights of individuals.

[26-6b-3.4.](#) Medical records -- Privacy protections.

[26-6b-4.](#) Judicial review by the district court -- Required notice -- Representation by counsel -- Conduct of proceedings.

[26-6b-5.](#) Petition for judicial review of order of restriction -- Court-ordered examination period.

[26-6b-6.](#) Court determination for an order of restriction after examination period.

[26-6b-7.](#) Periodic review of individuals under court order.

[26-6b-8.](#) Transportation of individuals subject to temporary or court-ordered restriction.

[26-6b-9.](#) Examination, quarantine, isolation, and treatment costs.

[26-6b-10.](#) Severability.

(4) Rules

(a) [Department of Health Rules](#)

R386-702-1. Purpose Statement.

R386-702-2. Definitions.

R386-702-3. Reportable Diseases, Emergency Illnesses, and Health Conditions.

R386-702-4. Reporting.

R386-702-5. General Measures for the Control of Communicable Diseases.

R386-702-6. Special Measures for Control of Rabies.

R386-702-7. Special Measures for Control of Typhoid.

R386-702-8. Special Measures for the Control of Ophthalmia Neonatorum.

R386-702-9. Special Measures to Prevent Perinatal and Person-to-Person Transmission of Hepatitis B Infection.

R386-702-10. Public Health Emergency.

R386-702-11. Penalties.

R386-702-12. Official References.

(b) Labor Commission Rule 12-2-22(K) – (M).

...

K. When any medical provider provides copies of medical records, other than the records required when submitting a bill for payment or as required by the Labor commission rules, the following charges are presumed reasonable:

1. A search fee of \$15 payable in advance of the search;

2. Copies at \$.50 per page, including copies of microfilm, payable after the records have been prepared and

3. Actual costs of postage payable after the records have been prepared and sent. Actual cost of postage are deemed to be the cost of regular mail unless the requesting party has requested the delivery of the records by special mail or method.

4. The Labor Commission will release its records per the above charges to parties/entities with a signed and notarized release from the injured worker unless the information is classified and controlled under the Government Records Access and Management Act (GRAMA).

L. No fee shall be charged when the RBRVS or the Commission's Medical Fee Guidelines require specific documentation for a procedure or when medical providers are required to report by statute or rule.

M. An injured worker or his/her personal representative may obtain one copy of each of the following records related to the industrial injury or occupational disease claim, at no cost, when the injured worker or his/her personal representative have signed a form by the Industrial Accidents Division to substantiate his/her industrial injury/illness claim;

1. History and physical;
2. Operative reports of surgery;
3. Hospital discharge summary;
4. Emergency room records;
5. Radiological reports;
6. Specialized test results; and
7. Physician SOAP notes, progress notes, or specialized reports.

(a) Alternatively, a summary of the patient's records may be made available to the injured worker or his/her personal representative at the discretion of the physician.

(5) Local Health Departments

There are 12 local health departments in Utah. They are listed on the web at: http://www.health.state.ut.us/lhd/html/local_health_departments.htm. All have individual websites with more information.

(a) Bear River Health Department

655 E 1300 N / Logan, UT 84321 / 435-792-6500

817 W 950 S / Brigham City, UT 84302 / 435-734-0845

125 S 100 W / Tremonton, UT 84337 / 435-257-3318

POB 392 / Randolph, UT 84064 / 435-793-2445

(b) Central Utah Public Health Department

146 N Main / Nephi, UT 84648 / 435-623-0696

55 S 400 W / Fillmore, UT 84631 / 435-743-5723

428 E Topaz Blvd, Suite D / Delta, UT 84624 / 435-864-3612

Courthouse / Junction, UT 84740 / 435-577-2521

20 S 100 W Suite 30 / Mt. Pleasant, UT 84642 / 435-462-2449

40 W 200 N / Manti, UT 84642 / 435-835-2231

70 Westview Dr / Richfield, UT 84701 / 435-896-5451

(c) Davis County Health Department

POB 618 / Farmington, UT 84025 / 801-451-3315

Courthouse Annex / 50 E State St / Farmington

(d) Salt Lake Valley Health Department

Epidemiology & Infectious Disease / 610 S 200 E / SLC, UT 84070 / 801-534-4600

(e) Southeastern Utah District Health Department

193 E Center / Blanding, UT 84511 / 435-678-2723

471 S Main Street #4 / PO BOX E / Moab, UT 84532 / 435-259-5602

25 W Main / Castle Dale, UT 84513 / 435-381-2252

28 S 100 E / Price, UT 84501 / 435-637-3671

(f) Southwest Utah Public Health Department

168 N 100 E / St George, UT 84770 / 435-986-2577

260 East DL Sargent Dr / Cedar City, UT 84720 / 435-586-2437

75 W 1175 N / Beaver, UT 84713 / 435-438-2482

245 S 200 E / Kanab, UT 84741 / 435-644-5024

POB 374 / Panguitch, UT 84759 / 435-676-8800

(g) Summit County Public Health Department

85 N 50 E / Coalville, UT 84017 / 435-336-3222 / 435-336-3234

110 N Main / Kamas, UT 84036 / 435-783-4351 ext. 3071

6505 N Landmark Dr / Park City, UT 84098 / 435-615-3910

(h) Tooele County Health Department

151 N Main / Tooele, UT 84074 / 435-843-2300

(i) TriCounty Health Department

147 E Main / Vernal, UT 84078 / 435-781-5475

281 E 200 N / Roosevelt, UT 84066 / 435-722-6300

734 N Center St / Duchesne, UT 84021 / 435-738-2202

Flaming Gorge Community Health Center / Manila, 84046 / 435-784-3494

(j) Utah County Health Department

151 S University Ave / Provo, UT 84601 / 801-851-7000

(k) Wasatch County Health Department

55 S 500 E / Heber City, UT 84032 / 435-654-2700

(l) Weber-Morgan Health Department

477 23rd St / Ogden, UT 84401 / 801-399-7100